

CITY OF MONROE RESIDENTIAL PROPERTY DATA (Version 09-10)

PARCEL NUMBER:				ADDRESS:			
OWNER:				OCCUPIED BY: Owner <input type="checkbox"/> Renter <input type="checkbox"/>			
YEAR BUILT:		REMODELED:		NUMBER FAMILIES/UNITS: Choose an item.			
	NO. ROOMS (EXCL BTHRMS)	12.	ELECTRICAL	8.	BASEMENT	15.	BUILT-IN ITEMS
	1 st Floor 2 nd Floor		60 Amp Service <input type="checkbox"/>		Poured Walls <input type="checkbox"/>		Oven <input type="checkbox"/> Range <input type="checkbox"/>
	3 rd Floor		100 Amp Service <input type="checkbox"/>		Block Walls <input type="checkbox"/>		Microwave <input type="checkbox"/>
	Bedrooms		Amp Service		Stone Walls <input type="checkbox"/>		Dishwasher <input type="checkbox"/>
	Attic Access Choose an item.	5.	FLOORS	Concrete Floor <input type="checkbox"/>	Garbage Disposal <input type="checkbox"/>		
	Attic Finish Choose an item..		Hardwood <input type="checkbox"/>	Dirt Floor <input type="checkbox"/>	Trash Compactor <input type="checkbox"/>		
1. INSULATION	Plywood <input type="checkbox"/>		9. BASEMENT FINISH	RangeHood <input type="checkbox"/>			
Attic yes <input type="checkbox"/> no <input type="checkbox"/>	Linoleum <input type="checkbox"/>			Recreation (sq. ft)	Central Vacuum <input type="checkbox"/>		
Walls yes <input type="checkbox"/> no <input type="checkbox"/>	Carpet <input type="checkbox"/>			Living (sq. ft)	Intercom <input type="checkbox"/>		
4. INTERIOR WALLS	6.	Kitchen	13. PLUMBING	Jacuzzi <input type="checkbox"/>			
Drywall <input type="checkbox"/>		Bathroom		Sauna <input type="checkbox"/>			
Plaster <input type="checkbox"/>		CEILINGS		Security System <input type="checkbox"/>			
Paneled <input type="checkbox"/>		Drywall <input type="checkbox"/>		15. FIREPLACES	Number		
11. HEAT & AIR CONDITIONING	Plaster <input type="checkbox"/>	Ceramic Tile Floor <input type="checkbox"/>	Interior Stack <input type="checkbox"/>				
Gas <input type="checkbox"/> Oil <input type="checkbox"/>	Tile <input type="checkbox"/>	Ceramic Tile Walls <input type="checkbox"/>	Exterior Stack <input type="checkbox"/>				
Elec <input type="checkbox"/> Other <input type="checkbox"/>	Suspended <input type="checkbox"/>	Ceramic Tile Enc. <input type="checkbox"/>	Wood Burning Stove <input type="checkbox"/>				
Forced Air <input type="checkbox"/>	7. EXCAVATION	EXCAVATION	Stall Shower <input type="checkbox"/>		Direct Vent <input type="checkbox"/>		
Hot Water <input type="checkbox"/>		Full Basement <input type="checkbox"/>	Extra Toilet <input type="checkbox"/>	17. GARAGE			
Space Heat <input type="checkbox"/>		Partial Basement <input type="checkbox"/>	Extra Sink <input type="checkbox"/>		Year Built Dirt Floor <input type="checkbox"/>		
Heat Pump <input type="checkbox"/>		Crawl Space <input type="checkbox"/>	Separate Shower <input type="checkbox"/>		Finished <input type="checkbox"/> Unfinished <input type="checkbox"/>		
Central Air <input type="checkbox"/>		Michigan Basement <input type="checkbox"/>	Vent Fan <input type="checkbox"/>		No. of Automatic Doors		
Wall Furnace <input type="checkbox"/>	Slab <input type="checkbox"/>						
Comments:							

Form completed by:

Owner Renter

.....Date:

Phone: